

**BOARD OF COMMISSIONERS OF PUBLIC LANDS**  
**Method of Disbursement**

Please select the disbursement method below and complete the information for that section. This form should be returned with your signed Certificate of Indebtedness. If no form is received, a check will be sent.

\*MUNICIPALITY NAME

Village of Savannah

\*CONTACT NAME

\_\_\_\_\_

\*PHONE #

\_\_\_\_\_

☐

**CHECK**

Send check immediately \_\_\_\_\_

OR

Date check to be sent \_\_\_\_\_

(This is the date the check will be sent from the BCPL office)

**NOTE: Complete and accurate information must be provided in order to avoid delays with wire transfers. Contact your financial institution to obtain complete wire transfer information and provide it below. ALL LINES MARKED WITH AN ASTERISK ARE REQUIRED.**

☐

**WIRE**

Date customer would prefer transfer: \_\_\_\_\_

\* Bank Name \_\_\_\_\_

ABA #: \_\_\_\_\_

\* Branch Name/Address \_\_\_\_\_

\* (No P.O. Boxes) \_\_\_\_\_

\* \_\_\_\_\_

\* Beneficiary Name \_\_\_\_\_

\* Beneficiary Account # \_\_\_\_\_

\* Address: \_\_\_\_\_

\* (No P.O. Boxes) \_\_\_\_\_

**NOTE: DO NOT use the routing # on a check or deposit slip. If you do not know what the ABA # is, contact your financial institution. Using an incorrect # will delay the wire transfer.**

**Intermediary Bank Information (Verify with your financial institution if an intermediary bank is used for wire transfers and provide it below. Write N/A if not applicable.)**

\* Bank Name \_\_\_\_\_

ABA #: \_\_\_\_\_

\* Branch Name/Address \_\_\_\_\_

\* (No P.O. Boxes) \_\_\_\_\_

\* \_\_\_\_\_